			DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY INSPECTION REPORT						
REA	SOI		GRADE	Inspection Date:	ESTABLISHMENT NAME:				
Regular		V	,	9/27 /298	LOTS OF LEARNING CHILD CAPE	CENTER	- INC.		
	Follow-Up		P	Time In/Out: 0/23/18	OWNER/OPERATOR:				
Complain			RATING	3-55PM 7:35AM	MWW DBA LOTS OF LEAPNING CH	ILU CARTE	- CTP.		
Investigation Other:			HATING		LOCATION: 313 HERMAN Establish DELEDN STREET SINA JANA CHAM CCC	ment Type: / ۸/08 sc p			
			A		PERMIT STATUS:				
No. of Chil	dren	4	Male	Female 5_Total	Child Care License: No.: 170124 / Valid /				
The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appea a written request for hearing must be submitted before the indicated correction date.							by the next sion. To appeal		
ITEM*		0			ARKS	DEMERIT	CORRECT BY		
				INSPECTION WAS	4	i vitti	- 1111/2866-01		
	P	REVI	DNZ INT	PECTION CONDU	CTED ON 6/20/2018(0,A).		HAMILE		
	THE FOLLOWING VIOLATIONS WERE OBSERVED:								
#11	11 BATHROOM! (BOYS BATHROOM) WAS SHARED BY BOYS AND GIRLS. 4 10/28/2018								
	BATHROOM SHALL BE SEPARATED TO EACH SEX.								
#29	3	LIVI	E COLFI	20.ACHES (2 ON	WALL, ION CEILING) AND	2			
						Vi Vi			
	DBSTERVED. IN BATHROOM! (BOYS BATHROOM). NO OTHER ACTIVITY ORSERVED.								
						114 (1854)	Review.		
	ACTIVE COCERDACH INFESTATION IS PRESENT IN THE								
					STITUTES AN IMMINERT	7.11			
					L BE CONTROLLED AND DUTH				
					VINGS SHAW BE SEALED TO				
				ENTRY OF PES					
						Same and			
	PH	JOS	OF VID	LATIONS WERE	TAKEN				
	A" PLACARD # 02050 AND NOTICE OF CLOSURE FOR MALE BATHROOM ISSUED.								
	PL	CB	RIEFED	ON THE ABO	IVE.				
I hav	e re	ad and	understa	nd the above violatio	n(s) and I am aware of the corrective me	asures to l	oe taken.		
*Note:	Wh	en an	y of the foll	owing items are	Received By (Name & Title): Wavy Tarman glo Alaun		7/28/18		
	=10	days	of this insp	pection:	DEH Inspector (Name) & Title):		11-910		
(2), (4), (6)	, (14	), (21),	(23), (24), (2	27), (28), (39) & (40).		SE FRHOI	12		

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## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

	71 37				D CARE FACILITY		
THE STREET	7				PECTION REPORT		
REA Regular	SON	GRADE	Inspection 9 27	2018	ESTABLISHMENT NAME: LOTS OF LEARNING CHILD	CAPE C	ENTER INC
Follow-U Complair		6	Time In/Ou		THAM DON FOR OF DENKARAG	5 CHILD	CARE CIP
Investigation Other:		RATING	Sanitary Permit No.: 20000-180000	DELEON STREET, SINAJANA CC	ment Type:	ERY	
			20000-	180000	PERMIT STATUS:ValidT	emporary	Expired
			Female <u>5</u>		Child Care License: No.: 70124 / Valid /	/ Provisiona	/ / Expired
inspection	ollowing ite n or sooner	as the Dep	artment indi	cates. Non	y in the operations and facilities which must t -compliance may result in downgrading or pe t be submitted before the indicated correction	ermit suspen	by the next ision. To appeal
ITEM*				REM	ARKS	DEMERIT	CORRECT BY
	BASED	ON OBS	ERU ATIO	NS & E	WIDENCE IT APPEARS THAT	The Order	7/11/1/15/15
	THERE	IS AN	ACTIVE	COCKRO	DACH INFESTATION IN THE	3556901	
	l				TOTES AN IMMINENT HEALT	11	
	HAZARI	. PER	THE PUL	ES & P	EGULATIONS GOVERNING		
	CHILD	CARE F	ACILITIE	3 & DI	11510H OF ENVIRONMENTAL		
Ц					HEALTH HAZAPIS IS A		
	SIGNIFICANT THREAT OR DANGER TO PUBLIC HEALTH						
	THAT EXISTS WHEN THERE IS EVIDENCE SUFFICIENT TO						
	SHOW THAT A PRODUCT CIRCUMSTANCE OR EVENT						
	CREATES A SITUATION THAT REQUIRES IMMEDIATE						
	CORPECTION OR CESSATION OF OPERATION TO PREVENT						
		1				1	
	THE ESTABLISHMENT'S MALE RESTROOM IS HEREBY						
	CLOSED UNTIL ALL CITED VIOLATIONS HAVE BEEN						
	CORRECTED & THE FOLLOWING ADDITIONAL REQUIREMENTS.						
	PURSUANT TO SECTION 1.22.00 (INSECT & RODENT CONTROL) TO						อ
	ADDRESS THE PEST INPESTATION ARE MET:						12 KON 18 E
101	THE STATE OF	A - 1 - 4 1		All Indian			
I have	e read and	d understa	nd the abo	ve violatio	n(s) and I am aware of the corrective me	asures to	ne taken
*Note:	When any bove, the	y of the fol y shall be	lowing item corrected w	s are	Received By (Name & Title):	0	7/28/18
(2), (4), (6)		of this ins <sub>!</sub> (23), (24), (2	pection: 27), (28), (39	) O (40)	DEH Inspector (Name & Title):	ISE EANIZ	

STATE OF THE STATE	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH							
CHILD CARE FACILITY								
The same of the sa			religion	INSI	PECTION REPORT			
	SON	GRADE	Inspection [		ESTABLISHMENT NAME:		May Park	
Regular Follow-U	v v		Q/24/201	6	LOTS OF LEARNING CHILD (ARE OWNER/OPERATOR:	CENTER 1	NC.	
Complair		6	Time In/Out		MNW DBA LOTS OF LEARNING CHIL	O ( NE		
Investiga		RATING		7:35 AM	LOCATION: 3/3 HERMAN Establis	shment Type:		
Other:		A	Sanitary Pe			CINULX	FY	
			<del>20000</del> -		PERMIT STATUS:Valid		Expired	
No. of Children: Se Male Female Total Child Care License: No.: 17025 / Nalid / / Pro							al / / Expired	
The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appear a written request for hearing must be submitted before the indicated correction date.								
ITEM*	-				ARKS		CORRECT BY	
	1- WR	TIEN D	OCUMENT	TATION	TO BE SUBMITTED		A VEYENAL	
	DAILY	TO DE	MSS DEH	+ FROM	M THE ESTABLISHMENT'S			
					OMPANY (PCC) REGARDIN			
		,			ROVIDED WHICH MUST INC			
	1					1002		
	BUT NOT LIMITED TO, THE FOLLOWING."							
	A. NAME OF PESTICIDE USED.							
	B. NUMBER OF BATT TRAPS & OTHER METHODS USED:							
	C. LOCATION OF APPLICATION; AND							
	D. OBSERVATIONS OF EACH SERVICE CONDUCTED							
	2. A WRITTEN CLEANING SCHEDULE FROM THE							
	ESTABLISHMENT THAT INDICATES THE FOLLOWING:							
	A- AREAS THAT WILL BE CLEANED & SANTIZED.							
					D& SANITIZED"		112 112 11	
		2 1760	DUENCY	012 11	IOW OPTEN IT WILL BE D	ONE.		
	3. SEA		OPENING	SOF	THE ESTABLISHMENT TO			
	3. SEAL ALL OPENINGS OF THE ESTABLISHMENT TO  PREVENT THE ENTRANCE & TRAVEL OF PEST.							
	THE WINDLE 4 TRAVEL OF PEST.							
							***************************************	
I have	e read an	d understa	nd the abov	e violatio	n(s) and I am aware of the corrective m	easures to	he taken	
*Note:	When an	y of the fol	lowing items	are i	Received By (Name & Title):	40	or tanen.	
cited a		y shall be of this insp	corrected wi	-		in	9/28/18	
(2), (4), (6)			27), (28), (39)		DEH Inspector (Name & Title):	AST EPAT	01	
					The state of the s	7/1	.,	

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## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

6010	CHILD CARE FACILITY						
W. Fills		PECTION REPORT					
Regular	ASON GRADE Inspection Date:	ESTABLISHMENT NAME: LOTS OF LEARNING CHILD	CARE CONTER INC				
Follow-U		OWNER/OPERATOR:	2				
Complair		MNW DBA LOTS OF LEARNING ( LOCATION: 513 HERMAN Establish					
Investiga Other:	Sanitary Permit No.:		ment Type:				
	20000-120000		mporaryExpired				
No. of Chi	ldren: 4 Male Female 5 Total	Child Care License: No.: 170/24 / Valid /	-				
The	following items identify violations found this day	in the operations and facilities which must b	e corrected by the next				
inspectio	n or sooner as the Department indicates. Non	compliance may result in downgrading or pe be submitted before the indicated correction	rmit suspension. To appea				
ITEM*	REMA		DEMERIT CORRECT BY				
	4. REMOVE & PREVENT AN		DEMIERTI GOTTILOT BI				
	AND/OR WATER:	7 7,000					
		TEN OF CHURCH	S				
	A. FOOD THAT IS NOT BOT						
	BE PLACED IN CONTAINER	S PIZIOR TO STORAGIE OR					
	WHEN NOT IN USE; AND						
	B. PLACE FOOD - CONTACT UTENSILS & EQUIPMENT						
	IN CONTAINERS PRIOR TO STORAGE OR WHEN NOT						
	IN USE.						
	5. SAMTIZE ALL HARD SUR	STACES & FOOD-CONTACT					
	SURFACES DAILY IN FOOD PREPARTION AREAS PRIOR						
	TO OPERATION.						
	AN OFFICIAL FOLLOW-UP IN	USPECTION WILL NOT BE					
	CONDUCTED UNTIL THE EST						
	THREE CONSECUTIVE DAYS OF NO ACTIVITY OBSERVED						
	FROM THEIR PCC, AND/ UR BY DPHSS- DEM, AND						
	STATED ABOVE ARE MET.						
122							
l hav	e read and understand the above violation	(s) and I am aware of the corrective mea	asures to be taken				
*Note:	When any of the following items are	Received By (Name & Title)					
cited a		Mary Tain of Mai					
(2), (4), (6)	10 days of this inspection: , (14), (21), (23), (24), (27), (28), (39) & (40).	DEH Inspector (Name & Title):	C.TARAGE EPHOLF				
	C.TALAGE GENOLE						

					Page 4_ of 4
		Telin		ISION O	UBLIC HEALTH AND SOCIAL SERVICES OF ENVIRONMENTAL HEALTH ILD CARE FACILITY SPECTION REPORT
The fo	on lren: 4	ems identify as the Dep	Sanitary Pern 20000 Female 5 violations foun	ate: 18 9/28/18 7-35 AM nit No.: 627 Total nd this da tes. Non	ESTABLISHMENT NAME:  LOTS OF LEARNING CHICO CARE CENTER INC.  8 OWNER/OPERATOR:  MINING CHICO CARE CTR  LOCATION: 3/3 HERMAN Establishment Type:
ITEM*	AN			REM	MARKS DEMERIT CORRECT BY
	R WI	LL BE	SCHEDU	ILED	ESTED BY THE ESTABLISHMENT,  & CONDUCTED AT THE  AVAILABLE SCHEDULE.
				1447	

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

Mary Tairnay Akun DEH Inspector (Name & Title);

Received By (Name & Title):

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

J. GARCIA EPHO!

C TAKASE